

Methods: Systematic review of the literature restricted to English language journals in Embase and MEDLINE carried out in November 2014.

Results: Over a tenth of the entire global burden disease is attributed to surgical conditions, yet limited attention has been given to its role and relevance on the global health agenda. By 2025, surgical conditions will comprise more than two-thirds of the global years of life lost. Simple and cost-effective surgical procedures can avert over 11% of global disability and premature death.

We suggest 4 main areas of intersection between surgery and public health: 1) surgery as a public health preventative intervention; 2) population-based safe surgery system design; 3) population-based quality assessment and benchmarking; and 4) building equitable surgical capacity.

Conclusion: There is a pressing need to bridge the gap between surgery and public health, not only in low and middle income countries, but also in developed nations where the quality and safety of surgery both affect the health of the wider population.

0517: EXTENDED VENOUS THROMBOPROPHYLAXIS FOLLOWING COLORECTAL CANCER SURGERY

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Aim: NICE guidelines state that for patients who undergo elective colorectal cancer operations should be discharged with twenty eight days of low molecular weight heparin (LMWH) from the date of operation. Due to junior house officers who write the discharge medication and their lack of knowledge of this subject many of the patients are sent home without their extended venous prophylaxis.

Methods: Using the electronic CERNER notes all patients who underwent a colorectal cancer operation were identified and we examined the discharge summaries to find out whether or not patients were discharged with the correct medications.

Results: A total of 60 patients were found after the relevant exclusion criteria (that being emergency operations, deaths and patients already on long term anti coagulation) less than ten per cent of these patients were sent home with the correct venous prophylaxis. We also asked the current cohort of foundation year one doctors about the current guidelines and only three of them knew it.

Conclusion: A detailed handover is now given to new colorectal doctors regarding the discharge medications and also a new proforma has been created for discharging colorectal cancer patients which make sure that patient are discharged with LMWH

0522: THE NATIONAL RESEARCH COLLABORATIVE MEETING 2014: INSPIRING SURGICAL TRAINEES INVOLVEMENT IN COLLABORATIVE RESEARCH?

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Aim: Over recent years, trainee-led research collaboratives have developed as a novel approach to delivering multi-centre audits and clinical trials. The National Research Collaborative Meeting is an annual conference organised by an individual trainee research collaborative from across the UK; The Welsh Barbers Research Group hosted in 2014. We present feedback from delegates who attended the meeting.

Methods: An online questionnaire was constructed and distributed to the delegates who attended the meeting.

Results: 61 delegates completed feedback. Delegates were from all the surgical specialties except maxillofacial, with 66% from general surgery. 57% of delegates were Specialist Trainees Year 3+, 16% were Core Trainees, 8% were Foundation Doctors and 5% were Medical Students, with the rest comprising Consultants and Other Health Care Professionals. 57% had not attended a previous National Research Collaborative Meeting and 16% were not associated with a collaborative. 100% felt inspired to get involved with collaborative projects in the future. 98% felt comfortable to bring ideas forward to the 'sandpit' trial design session. 96% found the 'Academia and your career' sessions helpful for their level of training.

Conclusion: Feedback has demonstrated that the conference had inspired trainees to get involved in collaborative research.

0524: EMBRACING SMARTPHONE APPS AND SOCIAL MEDIA AT #NRCM2014

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Aim: There has been increasing use of social media and smartphone apps at educational meetings. At the National Research Collaborative Meeting 2014, the Welsh Barbers designed a free smartphone app including programme, abstract and speaker information and encouraged twitter use for delegate interaction. We present feedback from delegates regarding the use of twitter and smartphone app.

Methods: An online questionnaire was distributed to delegates. Twitter was analysed for #NRCM2014, alongside smartphone app downloads.

Results: 61 delegates completed feedback. 60% stated they were on twitter. 54% claimed to use twitter for personal interest, 72% for work-related purposes and 38% using on behalf of a collaborative. 59% stated they followed collaborative group/s on twitter. There was a total of 139 tweets using #NRCM2014. Comments included 'increased ability to interact with fellow delegates' and 'excellent way to ask questions'.

The smartphone app cost less than £80 to set-up and was downloaded 109 times. 94% found the app easy to navigate and 89% found there was enough content. 48% would prefer an app rather than a paper version in future, with 23% stating they weren't bothered either way.

Conclusion: Feedback suggests that smartphone apps and social media should be encouraged for educational meetings.

0620: DIATHERMY AWARENESS AMONG SURGEONS IN IRELAND-ADEQUATE OR INADEQUATE?

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Aim: Diathermy is an integral part of modern surgical practice. While diathermy is generally accepted as 'safe' in the United States, electrosurgery-induced injuries are among the commonest causes for malpractice lawsuits. The purpose of this study was to evaluate the awareness among surgeons of the principles, risks, precautions and appropriate use of diathermy.

Methods: All surgeons from Senior House Officer (SHO) to Consultant grade in two teaching hospitals were surveyed. 85 surgeons were asked to complete an anonymous questionnaire recording level of training and addressed competence in principles, hazards, and precautions to be taken with diathermy.

Results: 8 Consultants, 5 Specialist Registrars, 19 Registrars and 13 SHO's responded (71% response). All but three subspecialties were represented. 82% (37/45) had no formal diathermy training. Despite 89% (40/45) of surgeons regarding diathermy as a safe instrument, 56% felt they had inadequate understanding of the principles and failed to demonstrate an appropriate awareness of the potential associated risks. Only 42% wanted formal training.

Conclusion: This study found a lack of awareness of diathermy principles and hazards among surgeons. This puts patients and staff at risk of serious morbidity. An effort is needed to ensure surgeons across all grades are safe in their use of diathermy.

0639: A SURVEY OF THE DELIVERY OF ENDOSCOPY TRAINING AMONGST HIGHER SURGICAL TRAINEES

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Aim: Changes in endoscopy training in the UK have occurred since the establishment of the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). Our aim was to evaluate the quality of training amongst higher surgical trainees.

Methods: A telephone survey was conducted amongst general surgical specialty trainees from the London and Kent, Surrey and Sussex deaneries. Questions comprised use of JAG services and access to training.

Results: 62 trainees participated. 60% of the trainees were senior (> ST6). 50% had completed a JAG approved course. 57% were JAG registered, 30% were inputting procedures into the JAG logbook and 25% were using the assessment tools. 67% of trainees stated that they attended no training lists